U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 14078

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				7/1		54, Thro	ough: 4/30	05
3. Name and address of person filing.			4. Name, file number, and address of labor organization.					
Name Robert E Morris			Name Plumbers + Pipefitters L.U.152 Labor Organization File Number 0/8594					
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any Po. Box 862					
Street	476 Hidden VA	lley Road	Street	Rich	ard.	Avenu	ANALAMENTANIA DE ANALAMENTANIA DE ANALAMENTANIA	
City	Morgan town	,,,,,,,, .	City	Morgi	Antou	J.K	and the second second description of the second	
State	.wv	IP Code + 4 26501	State	الاصا			ZIP Code + 4	24507-0862
A. Held	er appropriate data below if, during the p an interest in, engaged in transaction in value from an employer whose o	(except as specified in the exclusions (including loans) with or o	sions set f ferived in	orth in the in: come or oth	structions per econ	s): omic hene	fit of	nterests
	and address of Employer (including trace	7.a. Nature of Interest, Transaction, or Income.						
P.O. B Street City	Richard Avenue Morgantown	Bax 862	7.b. Amo	unt.	3 			
State	w√ . Z	IP Code + 4 26507-0862						
		Signa	ature					

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

on 8-6-05

Rober E Mans

Telephone Number

Name of Rerson Filing	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the c	wise dealing with the business yely seeking to represent, or irectly to, or otherwise					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City State ZIP Code + 4	12.a. Nature of interest held or income received. 12.b. Amount.					
C. Received from any employer (other than an employer covered unde	er parts A and B above)					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).						
Name ·						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					